



5670
12/17

SECTOR
5670

PATENT

Docket No. 304142000322

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on November 12, 1997.

Susan L. Wooldridge
Susan L. Wooldridge

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

CHATTERJEE et al.

Serial No.: 08/836,455

Filing Date: May 9, 1997

For: MURINE MONOCLONAL ANTI-
IDIOTYPE ANTIBODY 11D10 AND
METHODS OF USE THEREOF

Examiner: Unassigned

Group Art Unit: Unassigned

TRANSMITTAL

RECEIVED

Box MISSING PARTS
Assistant Commissioner for Patents
Washington, D.C. 20231

MAR 19 1998

MATRIX CUSTOMER
SERVICE CENTER

Dear Sir:

Enclosed please find the following:

1. Power of Attorney and Prosecution by Assignee Under 37 C.F.R. § 3.71, dated 10/31/97;
2. Certificate Under 37 C.F.R. § 3.73(b), dated 10/31/97;
3. Verified Statement (Declaration) Claiming Small Entity Status 37 C.F.R. § 1.9(f) and § 1.27(d) - Nonprofit Organization, date 10/31/97;
4. Return receipt postcard.

12/15/1997 EMTLHAM 00000003 DPT:031952 08836455 01 FC:105 130.00 CH

The Assistant Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17, and 1.21 that may be required by this transmittal, or to credit any overpayment, to Deposit Account No. 03-1952.

Respectfully submitted,

Dated: Nov. 12, 1997

By: Catherine M. Polizzi
Catherine M. Polizzi
Registration No. 40,130

Morrison & Foerster LLP
755 Page Mill Road
Palo Alto, California 94304-1018
Telephone: (650) 813-5651
Facsimile: (650) 494-0792

FC/Ref.



PATENT
Docket No. 304142000322

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on November 12, 1997.

Susan L. Wooldridge
Susan L. Wooldridge

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

CHATTERJEE et al.

Serial No.: 08/836,455

Filing Date: May 9, 1997

For: MURINE MONOCLONAL ANTI-
IDIOTYPE ANTIBODY 11D10 AND
METHODS OF USE THEREOF

Examiner: Unassigned
Group Art Unit: Unassigned

98 JAN 30 A 9:22
OFFICE OF THE
COMMISSIONER OF
PATENTS
97 NOV 17 P 3:39
RECEIVED
OFFICE OF THE
COMMISSIONER OF
PATENTS

12/Ref. fee
Refund
5610
5040
1/30/98

REQUEST FOR REFUND

Assistant Commissioner for Patents
Washington, D.C. 20231

Attention: Refund Section, Accounting Division Office of Finance

Dear Sir:

Repln. Ref: 09/28/1998 TDEY11 0015325500
DA# 031952 Name/Number: 08836455
FC: 704

Enclosed is an executed Verified Statement Claiming Small Entity Status

(37 C.F.R. § 1.9(f)), Petition for Suspension of Rules Pursuant to 37 C.F.R. § 1.183 and
return receipt postcard.

In accordance with 37 C.F.R. § 1.28, a refund of \$1,058.00 is requested from the
\$2,116.00 fee for filing paid on May 9, 1997. Because this request is not made within two
months of payment of the fee as required under the rules, a Petition for Suspension of Rules
Pursuant to 37 C.F.R. § 1.183 is included herewith.

RECEIVED

27 1998

RECEIVED
CUSTOMER
SERVICE CENTER

FC/Ref.



PATENT
Docket No. 304142000322

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on November 12, 1997.

Susan Wooldridge
Susan L. Wooldridge

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

CHATTERJEE et al.

Serial No.: 08/836,455

Filing Date: May 9, 1997

For: MURINE MONOCLONAL ANTI-
IDIOTYPE ANTIBODY 11D10 AND
METHODS OF USE THEREOF

Examiner: Unassigned
Group Art Unit: Unassigned

98 JAN 30 A 9:22
OFFICE OF THE
COMMISSIONER OF
PATENTS AND
TRADEMARKS

97 NOV 17 P 3:39
OFFICE OF THE
COMMISSIONER OF
PATENTS AND
TRADEMARKS

5610	
5040	
1/30/98	
03 1952	
960 505	
964 123	
965 418	
961 535	
963 123 00	
964 418.00	

REQUEST FOR REFUND

Assistant Commissioner for Patents
Washington, D.C. 20231

Attention: Refund Section, Accounting Division Office of Finance

Dear Sir:

Enclosed is an executed Verified Statement Claiming Small Entity Status (37 C.F.R. § 1.9(f)), Petition for Suspension of Rules Pursuant to 37 C.F.R. §1.183 and return receipt postcard.

In accordance with 37 C.F.R. § 1.28, a refund of \$1,058.00 is requested from the \$2,116.00 fee for filing paid on May 9, 1997. Because this request is not made within two months of payment of the fee as required under the rules, a Petition for Suspension of Rules Pursuant to 37 C.F.R. §1.183 is included herewith.

27 1998

Please credit same to our Deposit Account No. 03-1952.

Respectfully submitted,

Dated: November 12, 1997

By:

Catherine M. Polizzi
Catherine M. Polizzi
Registration No. 40,130

Morrison & Foerster LLP
755 Page Mill Road
Palo Alto, California 94304-1018
Telephone: (650) 813-5651
Facsimile: (650) 494-0792

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>11/17/97</u>		2 Serial/Patent # <u>08/836,455</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing		5997	\$ 1,040							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 1,040							
		8 TO BE REFUNDED BY:								
		Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">5</td> <td style="width: 20px;">2</td> </tr> </table>		0	3	--	1	9	5	2
0	3	--	1	9	5	2				
10 REASON:										
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Donna Chapman</u>		TITLE: <u>SLF</u>								
SIGNATURE: <u>Donna Chapman</u>		PHONE: <u>308-3081</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Michael A. Brown</u>		DATE: <u>09/28/98</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: